

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/568,333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/				52						
3		/	/				53						
4		/	/				54						
5		/	/				55						
6		/	/				56						
7		/	/				57						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	1	↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.	37	←	32	←			TOTAL DEP.		←		←		←
TOTAL CLAIMS	41		33				TOTAL CLAIMS						